

<p style="text-align: center;">INSTRUCTIONS <i>for</i> Community Facilities</p>

A. NEED FOR THE ACTIVITY

1. Identified Project: Write in the name of the project (i.e. Hanford Childcare Facility).

NOTE: If you are applying for more than one Community Facilities, then you must complete one set of Community Facilities activity forms for **each** facility.

2. Use of CDBG Funds: Check the proposed uses of the requested funds for this activity. *(Please see Appendix H of the NOFA for detailed description and limitations of these uses.)*
3. Amount of Funds and Construction Date: Write in total amount of CDBG funds. Write in the anticipated date when construction will start. This information should match the amount of funds in the Sources and Uses Chart and Funding and Milestones Chart.
4. Project description: Write in a detailed description of the current status of the project and the timeline for the project's completion. Provide information about the need for the facility improvements and the services to be provided out of it.
 - a. Provide a complete description of the project. Include in the description what services will be provided within the facility. Check Give information about the use of CDBG funds, what the total project will cost, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries. If you are proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and estimates for percentages of time projected for use by each user group.

Example 1—The City of XYZ will grant \$500,000 to the non-profit organization, the Battered Spousal Center of XYZ, to purchase and rehabilitate a building to house battered spouses and their children. These funds represent the total cost of the project. The City estimates the new Center and service will provide services to 10 families/50 persons a week.

Example 2—The County of ABC will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of XYZ. A private individual is donating the land. Sixty percent of the space will be used by the County Mental Health Department to provide services to migrant farm workers, “limited clientele”, 100% TIG. These services will be provided 30 hours a week. Thirty percent of the space will be used for job training for TANF recipients, forty hours a week. Ten percent of the space will be for a drug and alcohol abuse counseling service, income restricted to TIG persons, to be provided twenty hours per week. All these existing services will be expanded to meet demand of existing waiting lists.

<p style="text-align: center;">INSTRUCTIONS <i>for</i> Community Facilities</p>

5. Environmental clearance information. Check the box which best represents the level of NEPA compliance based the prior project description. Note the current status of the review and where it can be found in the application. If the project site has not been secured then do not make any choice limiting actions (purchase the property, even with other funds) until after the NEPA is done and CDBG funds are released.

Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities. Community Facilities activities may require a more elaborate level of NEPA environmental clearance than other types of CDBG activities.

If you already have a NEPA environmental review record (ERR) for your proposed project that was prepared by another agency, these documents may or may not satisfy NEPA requirements for HUD purposes. Please contact your CDBG representative for further guidance on avoiding ERR duplication.

6. Site Control. If the proposed project involves property acquisition then this Section must be completed. Make sure you also complete the Relocation and Acquisition Compliance Checklist in Part B of application. Check the box as to status of site, do you have an option to purchase or not, or do you have a site identified. Examples of site control include an option to purchase or a purchase agreement, an option to lease or a leasehold interest, or a deed of trust. Include documentation that rights of way or easements have been obtained.

Describe the current status of your project's site control and how soon you will be receiving site control. Make sure your option to purchase (a non choice limiting action under NEPA) will be long enough to allow you to complete the special conditions. we

7. Type and Number of Services. Check the appropriate box for if the services being offered in the proposed community facility will be for new services or for existing services. Fill in the blank with the total number of services to be provided out of the facility. All services must be counted. List each of the services and the square footage which they will occupy.

Complete one set of Community Facilities activity forms for **each** public service activity in the community facility. This will document the need the facility has for each service and the TIG benefit.

8. Detailed Problem Description. Be as specific as possible. Quantify (using actual numbers). Document the specific scope, magnitude, duration, and impacts of the problem.

Note: The most competitive applicants will provide quantifiable data (waiting lists, persons turned away, service does not currently exist for this population, etc.) **and** submit documentation to reflect such data.

INSTRUCTIONS
for
Community Facilities

9. Describe How will Facility Solve the Serious Problem. Describe how and to what extent the proposed activity will solve the problem. **Attach copies of relevant** documentation. **Highlight** relevant passages. The most effective methods of documentation include:
- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
 - b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
 - c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.
10. Documentation of Need Chart. Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart (See #13)***. Applications submitted for Community Facilities addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary survey, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**
- Commitment to Provide Services. Indicate the service(s) committed to by funding or provider source, and attach documentation.
11. Documentation of NEED for NEW Services.
- a. Check how the NEED is documented.
 - b. Check appropriate box and provide information, if applicable.
 - c. Check appropriate box, and if yes, provide explanation.

<p style="text-align: center;">INSTRUCTIONS <i>for</i> Community Facilities</p>

12. Documentation of NEED for **EXISTING** Services.

- a. Check the appropriate box.
- b. Identify date funds will end.
- c. Provide a brief explanation and how the NEED was determined.
- d. Complete two page financial needs document and show gap in financing
On page one, list the major sources of revenue for each year, not including proposed CDBG funds. On page two list the major expenditure items, salaries, insurance, rent, etc., for each year and show at the bottom the funding gap to be filled by CDBG funding of the facility.
- e. Check the appropriate box.
- f. Check the appropriate box, and if yes, provide explanation.
- g. Describe where existing services are now offered and why the new facility is needed to increase those services.
- h. Check the appropriate box and describe any special impediments which the proposed community facility activity will remove to increase the services at the facility.

13. Complete *Problem and Service Provider Documentation Chart*

B. TARGETED INCOME GROUP BENEFIT

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

1. Income restriction: applicants should demonstrate there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)
2. Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the categories listed in the NOFA in Appendix J.
3. Income survey: for Community Facilities activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendix A for guidance on survey methodology.

NOTE: For Community Facilities, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

<p style="text-align: center;">INSTRUCTIONS <i>for</i> Community Facilities</p>

4. Low/Mod. Income Data: for community facility services that are provided in a limited target area, low/mod. income data is available, at:
<http://www.hud.gov/offices/cpd/systems/census/lowmod/ca/NonEntitledLocalGovernment.xls>
5. Other: Explain any other source that was used, e.g., waiting lists.

C. PROGRAM READINESS

Of the 150 points available for capacity, your application may be awarded up to 50 points if you complete and document actions that make the proposed project ready to proceed. These actions must be directly related to the activity. They may include the completion of the special condition and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed. A list of acceptable Examples of such actions and the documentation to be submitted for each is in the Program Readiness Chart.

D. EXPENDITURE MILESTONE CHART

Note: The recent regulation change should facilitate use of CDBG funds on community facilities projects. The regulations now allow applicants to request funds up to \$1,500,000 for a single project or for multiple projects. This would amount to \$500,000 per year for three years of funding. The non-phasing requirement is no longer in place.

At this point in the application, the applicant must give a firm timeline for when the bulk of CDBG funds will be used for the proposed community facilities project. This chart is divided out into quarters **BUT** applicants only need to write in the amount of funds they anticipate using in each FISCAL year (July 1st to June 30th). On the activities portion of the chart, show only activity delivery items; do not show general administration funds. List only the **MAJOR** items involved in completing the project (engineering/architectural completed, construction of facility)

For example, during the first 12 months of the grant, final plans and specifications will be completed and paid for with \$250,000 of CDBG funds. In the second year, the labor standards monitor is hired and the project is put out to bid, \$100,000. In year three, the project is in construction \$500,000 and, in year four, the project reaches the completion stage, \$500,000.

Complete the *Expenditure Milestone Chart* to best illustrate the major activities that will be funded by CDBG and other funding agencies during the timeline of the grant activity and indicate when funds will be expended for each major activity.

Applicants must be careful and **not** to spend large amounts of activity funds up-front because if the project is not completed and TIG benefit is not achieved, then **all** activity dollars must be returned.

<p style="text-align: center;">INSTRUCTIONS <i>for</i> Community Facilities</p>

E. SOURCES AND USES FORM

1. Sources and Uses Form

Sources. The major funding sources are printed on the form.

The amounts and sources for local and private funding contributions should match the information provided on the charts for “Other Funding Sources”, pages 36-39. In addition, make entries here for any State, Federal, or other sources, that you will be using to finance the entire project.

For “other State” funds, if any are from another HCD program, please identify that program on this chart.

Uses. Identify the cost categories applicable to your proposed project and enter the amounts you plan to use. Allocate the amounts across the table to the funds you expect to receive from all the sources listed. This chart should include costs for the entire project (not just the CDBG portion). Your cost estimates can assist you in calculating these entries.

- For the Construction lines, include a factor for Davis-Bacon wages when applicable. All construction costs should include a contingency established in the line item.
- The Equipment category could include items such as outdoor playground equipment.
- Examples of fees that should be listed are commissions to brokers or closing costs for the acquisition of land or a building.
- General administration costs should include staff time for grant administration, such as clearing the grant agreement special conditions and grant reporting.
- Activity delivery costs should include the costs, which the State CDBG Program would consider activity delivery.

Please double-check the totals in all rows and columns for accuracy.

INSTRUCTIONS <i>for</i> Community Facilities

F. REQUIRED MAPS.

Please provide the requested maps with your application. These maps can be generated using the census website, <http://factfinder.census.gov/servlet/DatasetMainPageServlet?>

NOTE: If you are proposing multiple activities, please provide maps for each activity.

➤ **Ethnic/TIG Concentration Map**

Based on the applicant's knowledge of the area and available data, provide a legible map of the jurisdiction that shows:

- ☐ The location of concentrations of non-white persons **and** Hispanic persons within the entire jurisdiction, and
- ☐ The location of concentrations of targeted income group families within the entire jurisdiction.

Note: Targeted income group data is **different** than poverty data. Most targeted income group data can be obtained by visiting the American Factfinder website at: www.factfinder.census.gov/

OR

<http://www.hud.gov/offices/cpd/systems/census/lowmod/ca/NonEntitledLocalGovernment.xls>

➤ **Location Map**

The location map **must**:

- be legible;
- show the entire jurisdiction; and **must** include:
 - ☐ The census tract number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
 - ☐ The census block group number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
 - ☐ The general location of the proposed activities, including geographic boundaries of the targeted or service areas covered by the proposed activity.

Note: Most maps can be obtained by visiting the American Factfinder website at: www.factfinder.census.gov/

➤ **Project Site Map**

For site-specific activities, include a project site map which shows:

- ☐ The location and size of existing and proposed infrastructure (road, water, sewer, etc.), if applicable or pertinent, and
- ☐ The location and size of the proposed improvements, if applicable.

**NEED for ACTIVITY
Community Facilities**

A. NEED FOR ACTIVITY

1. Project Name. **Identified Facility:** _____ **Activity #:** _____ of _____

Note: If you are applying for more than one Community Facility, then you must complete one set of Community Facilities Activity forms for each facility.

2. Use of CDBG Funds. Please indicate the proposed uses of the requested CDBG funds (for this activity). **Check all that apply.** *Please see Appendix H of the NOFA for detailed description and limitations of these uses.*

☐ Acquisition

☐ Construction

☐ Rehabilitation

☐ Other: (describe) _____

3. Amount of Funds and Construction Date. What is the dollar **amount of CDBG funds** that are proposed for this specific Community Facilities Activity?

\$ _____

What is the proposed date on construction of the facility _____.

4. Project Description. Please provide a brief description of the service(s) to be provided and/or the proposed activity. *(See instructions)*

**NEED for ACTIVITY
Community Facilities**

5. Environmental Clearance. Please indicate the anticipated level of National Environmental Policy Act (NEPA) environmental clearance. *See instructions.* Include copy for review for Readiness Points.

☐ Environmental Assessment ☐ Categorically Excluded, but subject to 58.5.

6. Site Control. If the proposed project involves site acquisition, please answer the following questions. In addition, make sure you answer the relocation and acquisition compliance checklist.

- Will you have site control in place at least 90 days after execution of contract?

☐ Yes. Attach documentation.

☐ No. Explain Below.

Note: Site acquisition cannot take place after submittal of the application without completion of NEPA review and release of funds by State (choice limiting action). Make sure any "options to purchase" are long enough to provide time to complete the NEPA and get release of funds.

7. Type and Number of Services. Check the appropriate box to indicate the **type of services** to be offered in the facility.

☐ NEW Service. (Complete Section #11 - Documentation of Need for New Services.)

☐ EXISTING Service. (Complete Section #12 - Documentation of Need for Existing Services.)

The number of public services to be operated out of this facility is:_____.

Note: If you are applying for a community facility which has more than one public service activity conducted within it, then you need to provide the approximate square footage that each program will take up within the facility in the activity description. If you are applying for a Community Facility with multiple public services, then you must complete one set of Community Facilities Activity forms for each public service.

Each public service must show a minimum level of 51% TIG benefit.

NEED for ACTIVITY
Community Facilities

8. Problem Description. Describe the **serious problem** that exists if this service is not available and/or increased.
(Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

NEED for ACTIVITY
Community Facilities

9. How will Facility Solve Serious Problem. Explain how **and** to what extent the proposed **activity will solve the problem**. Quantify the current and proposed levels of service **and** identify how many persons will be served.

Include in your description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

10. Documentation of Need Chart. Complete the attached ***Problem & Service Provider Documentation Chart (See #13.)***.

Do you have **commitments** from service providers?

☐ Yes

☐ No

- Be sure to attach all documentation that you identify.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

**NEED for ACTIVITY
Community Facilities**

- 11. DOCUMENTATION OF NEED for NEW Services.** If multiple services are proposed, you must complete one set of Activity Forms for each service. (*See instructions for clarification.*)

- a.** How was the need for this **NEW** public service documented?

Surveys of:

☐ INTENDED Beneficiaries

_____ # of INTENDED Beneficiaries - ☐ per Day ☐ per Week ☐ per Month

☐ # Turned Away - _____ - ☐ per Day ☐ per Week ☐ per Month

Other:

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

- b.** Is there a **nearby facility** providing the proposed service now?

☐ No. (GO to c.)

☐ **Yes. Continue with the following questions.**

Where is the facility located?

Are there any **special impediments** for TIG households to access the service where it is located now?

☐ No. (Go to c.)

☐ Yes. Continue with the following questions.

What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:

NEED for ACTIVITY
Community Facilities

Is there an **unmet demand**?

☐ No. (Go to c.)

☐ Yes. Describe the unmet demand.

Unmet Demand:

☐ # Currently Served - _____ ☐ per Day ☐ per Week ☐ per Month

☐ # of persons on a Waiting List - _____

c. Is this an **ADA accessibility** issue?

☐ Yes

☐ No

If yes, what alternatives did you consider and why was this alternative the best solution?

NEED for ACTIVITY
Community Facilities

- 12. DOCUMENTATION OF NEED for EXISTING Services to be continued or increased.** If multiple services are proposed, you must complete one set of Activity Forms for each service. *(See instructions for clarification.)*

<p>a. The proposed service is:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> an Existing service to be CONTINUED. <input type="checkbox"/> an Existing service to be INCREASED. </p>
<p>b. For existing services to be CONTINUED, what is the <u>date</u> that all existing funding will end:</p> <p style="margin-left: 40px;">Date: _____</p> <p style="margin-left: 40px;">Complete and Submit the two <i>CDBG Financial Needs Documents, Section 12. d. and Section 12. e.</i></p>
<p>c. For INCREASED services, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services.</p> <p style="margin-left: 40px;">Complete and Submit the two <i>CDBG Financial Needs Documents, Section 12. d. and Section 12. e.</i></p> <p style="margin-left: 40px;">Also, be sure to attach any current financial statements.</p>
<p>Explanation:</p> <div style="height: 200px; border: 1px solid black; margin-top: 5px;"></div>
<p>d. Complete the form that follows, <i>12. d. CDBG Financial Needs Document</i></p>
<p>e. Complete the form that follows, <i>12. e. CDBG Financial Needs Document</i></p>

SOURCES AND USES FORM
Public Services

12. d. CDBG FINANCIAL NEEDS DOCUMENT (Revenue Sources by fiscal year)

Applicant Agency: _____ Proposed Program: _____

If the applicant agency operates more than one distinct program, provide information only for the program to be funded by the requested CDBG funds.

Revenue Sources (List each source separately.) Do not include requested CDBG funds.	7/1/03 to 6/30/04 <u>ACTUAL</u> Revenue Amounts	7/1/04 to 6/30/05 <u>ACTUAL</u> Revenue Amounts	7/1/05 to 6/30/06 <u>PROJECTED</u> Revenue Amounts	7/1/06 to 6/30/07 <u>PROJECTED</u> Revenue Amounts	7/1/07 to 6/30/08 <u>PROJECTED</u> Revenue Amounts
	\$	\$	\$	\$	\$
TOTAL REVENUES BY YEAR:	\$	\$	\$	\$	\$

SOURCES AND USES FORM
Public Services

12. e. CDBG FINANCIAL NEEDS DOCUMENT (Expenditures by fiscal year)

Applicant Agency: _____

Proposed Program: _____

If the applicant agency operates more than one distinct program, provide information only for the program to be funded by the requested CDBG funds.

Expenditures (List each one separately)	7/1/03 to 6/30/04 <u>ACTUAL</u> Expenditures	7/1/04 to 6/30/05 <u>PROJECTED</u> Expenditures	7/1/05 to 6/30/06 <u>PROJECTED</u> Expenditures	7/1/06 to 6/30/07 <u>PROJECTED</u> Expenditures	7/1/07 to 6/30/08 <u>PROJECTED</u> Expenditures
	\$	\$	\$	\$	\$
TOTAL EXPENDITURES BY YEAR:	\$	\$	\$	\$	\$
DIFFERENCE between Revenues and Expenditures (<i>Revenue - Expenditures</i>)	\$	\$	\$	\$	\$

<p>NEED for ACTIVITY</p> <p>Community Facilities</p>

f. How was the need for INCREASED services determined?

Surveys of:

□ INTENDED Beneficiaries

of EXISTING Beneficiaries - per Day per Week per Month

Unmet Demand:

INTENDED Beneficiaries

of INTENDED Beneficiaries - per Day per Week per Month

☐ # Turned Away - _____ -
☐ per Day ☐ per Week ☐ per Month

■ # of persons on a Waiting List -

Other:

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

g. Where is the service, proposed for INCREASE, provided now?

[illegible]

NEED for ACTIVITY
Community Facilities

- h.** Are there any **special impediments** for TIG households to access the service where it is located now?

☐ No. (Go to next section) ☐ **Yes. Continue with the following questions.**

What are the impediments? *Check all that apply and describe each one*

☐ Transportation

☐ ADA

☐ Other:

Is this an **ADA accessibility** issue?

☐ **Yes**

☐ **No**

If yes, what alternatives did you consider and why was this alternative the best solution?

NEED for ACTIVITY
Community Facilities

Proposed Activity/Program: _____

13. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART			
SOURCE	TYPE OF DOCUMENTATION (letter, reso., newspaper clipping, report, etc.)	Documentation to support PROBLEM and/or COMMITMENT TO PROVIDE SERVICES	Page # (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

TIG BENEFIT
Community Facilities

B. TARGETED INCOME GROUP (TIG) BENEFIT

1. For this community facility activity, how was the TIG percentage determined?

☐ Income Restriction

_____ % TIG

☐ Limited Clientele: _____

☐ Census Low and Moderate Income Data

_____ % TIG

☐ Income survey of EXISTING beneficiaries.

(See Appendix A for proper survey methodology.)

You are required to submit a copy of the survey and the summary of the results.

Indicate the page number where this documentation is provided: **PAGE:** _____

Survey Date:	
Total # of existing beneficiaries: (Universe)	
<input type="checkbox"/> Households? OR <input type="checkbox"/> Persons?	
How many were surveyed?	
How many responses were required per survey methodology shown in Appendix A?	
Total number of responses RECEIVED:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

_____ % TIG

TIG BENEFIT
Community Facilities

☐ Income survey of POTENTIAL beneficiaries.

(See Appendix A for proper survey methodology.)

You are required to submit a copy of the survey and the summary of the results.

Indicate the page number where this documentation is provided: **PAGE:** _____

Survey Date:	
Total # of existing beneficiaries: (<u>Universe</u>)	
<input type="checkbox"/> Households? OR <input type="checkbox"/> Persons?	
How many were surveyed?	
How many responses were required per survey methodology shown in Appendix A?	
Total number of responses RECEIVED:	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

_____ % TIG

PROGRAM READINESS
Community Facilities

C. PROGRAM READINESS – Community Facilities

Please refer to instructions for guidance on completing this chart.

Program Operator/Administrator <i>(Check all that apply)</i>	Documentation Required (in order to receive any points)	Page #
<input type="checkbox"/> In-house staff	Resumes and Duty Statements of key staff (which show that the staff are qualified to implement the project)	
<input type="checkbox"/> Program Consultant (must be conditioned upon receipt of CDBG award)	Executed contract from prior year (still in force); or New executed contract; or Completed contract that is ready to sign upon award of CDBG funds.	
<input type="checkbox"/> Sub-recipient Agreement (must be conditioned upon receipt of CDBG award)	Existing Sub-recipient Agreement; or A completed sub-recipient agreement that is ready to sign upon award of CDBG funds	

Environmental Clearance <i>(Check the one that applies)</i>	Documentation Required (in order to receive any points)	Page #
<input type="checkbox"/> Environmental Assessment with a Finding of No Significant Impact (FONSI)	Completed <i>Environmental Assessment</i>	
	A copy of the (ready-to-publish) combined <i>Notice of FONSI and Notice of Intent to Request Release of Funds</i>	
	A copy of the completed <i>Request for Release of Funds and Certification</i> (not signed and not dated)	
	A completed <i>Environmental Finding Form</i> , indicating and Environmental Assessment	
	A completed <i>Form 58.6</i>	
	A description of the project	

PROGRAM READINESS
Community Facilities

Environmental Clearance (cont.) (Check the one that applies)	Documentation Required (in order to receive any points)	Page #
<input type="checkbox"/> Categorically Excluded, but subject to 58.5 (site-specific projects).	A completed <i>Environmental Finding Form</i> , indicating a “Finding of Categorical Exclusion, per Section 58.35(a) and a conversion to <i>Exempt</i> .”	
	A completed <i>Form 58.6</i>	
	A completed and documented <i>Statutory Worksheet</i> with <u>no</u> secondary findings.	
	A copy of supporting documentation, including the <i>SHPO Programmatic Agreement and correspondence</i> , where applicable.	
	A description of the project	

PROGRAM READINESS
Community Facilities

Special Conditions	Documentation Required (<i>in order to receive any points</i>)	Page #
Site Control- <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Purchase Option	Deed of Trust or evidence of public ownership Copy of signed and dated purchase option.	
Program Income Re-Use Plan	Program Income Re-Use Plan	
Anti-Displacement Plan	Anti-Displacement Plan	
Bank Financing Commitments		

Project Readiness <i>(check all that apply)</i>	List Documentation submitted to evidence compliance with checked items. (<i>In order to receive any points</i>)	Page #
<input type="checkbox"/> Architect & Engineer Contracted		
<input type="checkbox"/> Preliminary Plans and Specifications		
<input type="checkbox"/> Completed Bid Package		
<input type="checkbox"/> Detailed Project Budget		
<input type="checkbox"/> Waiting Lists		
<input type="checkbox"/> Draft Construction Contract		
<input type="checkbox"/> Use Permit/Zoning		
<input type="checkbox"/> Cost Estimate		

EXPENDITURE MILESTONE CHART

Community Facilities

Applicant: _____

Activity: _____

D. EXPENDITURE MILESTONE CHART. *List major activities, identify when funds will be expended for those activities and how much will be expended. (Do NOT include activity delivery and general administration costs.)*

[illegible]

Attach one sheet for each activity. Grants cannot exceed 48 Months.

SOURCES AND USES
Community Facilities

E. SOURCES AND USES FORM. Show all funds you plan to use for the entire project (CDBG funds requested and all other funding sources).

USES	SOURCES							Totals:
	State CDBG	Local Financial	Private Financial	Program Income	Federal	Other State Funds	Other: List	
Land Acquisition								\$
Building Acquisition								\$
Construction On-Site								\$
Construction Off-Site								\$
Equipment								\$
Final Plans & Specs.								\$
Fees								\$
Contingency								\$
Relocation								\$
Planning								\$
Activity Delivery								\$
General Administration								\$
Other:								\$
Other:								\$
Totals:	\$	\$	\$	\$	\$	\$	\$	\$

REQUIRED MAPS Community Facilities

F. REQUIRED MAPS

Please provide the requested maps with your application. These maps can be generated using the census website, <http://factfinder.census.gov/servlet/DatasetMainPageServlet?>

NOTE: If you are proposing multiple activities, please provide maps for each activity.

➤ **Ethnic/TIG Concentration Map**

Based on the applicant's knowledge of the area and available data, provide a legible map of the jurisdiction that shows:

- ☐ The location of concentrations of non-white persons **and** Hispanic persons within the entire jurisdiction, and
- ☐ The location of concentrations of targeted income group families within the entire jurisdiction.

Note: Targeted income group data is **different** than poverty data. Most targeted income group data can be obtained by visiting the American Factfinder website at: www.factfinder.census.gov/

OR

<http://www.hud.gov/offices/cpd/systems/census/lowmod/ca/NonEntitledLocalGovernment.xls>

➤ **Location Map**

The location map **must**:

- be legible;
- show the entire jurisdiction; and **must** include:
 - ☐ The census tract number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
 - ☐ The census block group number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
 - ☐ The general location of the proposed activities, including geographic boundaries of the targeted or service areas covered by the proposed activity.

Note: Most maps can be obtained by visiting the American Factfinder website at: www.factfinder.census.gov/

➤ **Project Site Map**

For site-specific activities, include a project site map which shows:

- ☐ The location and size of existing and proposed infrastructure (road, water, sewer, etc.), if applicable or pertinent, and
- ☐ The location and size of the proposed improvements, if applicable.